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## BIB DATA SHEET

CONFIRMATION NO. 9912

<b>SERIAL NUMBER</b> 09/828,539	<b>FILING or 371(c) DATE</b> 04/05/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PX-02-2		
<b>APPLICANTS</b> Howard Preissman, San Jose, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/420,093 10/18/1999 PAT 6,231,615 which is a DIV of 08/950,256 10/14/1997 PAT 6,309,420 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/30/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/CHERYL L MILLER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 21 <del>9</del>	<b>INDEPENDENT CLAIMS</b> <del>2</del> 4
<b>ADDRESS</b> ARTHROCARE CORPORATION 7500 Rialto Boulevard Building Two, Suite 100 Austin, TX 78735-8532 UNITED STATES						
<b>TITLE</b> Enhanced visibility materials for implantation in hard tissue						
<b>FILING FEE RECEIVED</b> 1247	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			